

Garrett Lee Smith Memorial State/Tribal Youth Suicide Prevention and Early Intervention Program Year 2 Annual Progress Report for Cohort 2 Grantees that Received Initial Funding in June 2006, submitted August 14, 2008

This report is organized in two sections. First is a summary of the full report which is followed by a full, detailed report. The items are those required in the correspondence from Tarsha Wilson, YSP Grant Project Officer. Each item has been numbered 1-10, following the order they appeared in the email reporting requirements and are highlighted in blue.

SUMMARY OF FULL REPORT

1. Demographics of your target population(s):

Twenty percent of Idaho's population is ages 10 to 24¹. Idaho suicide rates for this age group are higher than the national average at 10.4 per 100,000 compared to 7.3 per 100,000². In terms of race, 95 % of Idaho's population is classified as white. American Indians are 1.4% of the population and Hispanics, 9.5%. Black people constitute 0.7% of Idaho's population and Asian/Pacific Islanders make up 1.1%. The influence of religion is significant in some communities that may have a large number of the population in a particular religious group. Overall 15.1% of children are below poverty³.

2. Description of your service area(s) (e.g., urban, rural, frontier, suburban):

Idaho's population is 1,499,402 across a span of 82,747.21 square miles. Most of this population resides in rural and frontier areas. More than 30% of the rural/frontier population are children who have a higher poverty rate than their urban counterparts, but only a small percent of them receive welfare, food stamps, or Medicaid. Logistical barriers, such as a lack of transportation, are often cited as reasons for low rates of participation in social service programs. Every county in Idaho is wholly or partially a health profession shortage area across most professions as defined by the U. S. Health Resources and Services Administration. Many counties, at times more than half, have no mental health professionals at all.

3. Progress toward meeting goals and objectives:

Objectives for Year 2 were met. Highlights of the progress report are listed in item 6 below and in detail in section 3 of the main body of the report.

4. Challenges or difficulties encountered and methods for addressing them:

¹ U. S. Census, Idaho Quickfacts, 2005

² IDHW, Bureau of Health Policy and Vital Statistics, 2002-2006. National Data from CDC WISQARS, 2005 data.

³ U. S. Census, 2006

Four major challenges were faced this year.

- Increasing demand for our gatekeeper trainings from a diversity of groups caused us to create multiple curricula customized to each audience's need.
- Community partners became more active due to our activities and supports, creating the need for guidance regarding evidence-informed practices. We are encouraging use of these practices in prevention, intervention and postvention activities across the state to assist hard-working advocates in promoting positive outcomes for children and youth.
- We also encountered a decrease in attendance at coalition meetings. Based on a series of key informant interviews with coalition members, we have created different opportunities for input to meet the varying needs of coalition members, such as email correspondence and a listserv.
- YSP staff learned of several suicide clusters during this grant period. While not envisioned in our grant application, we nevertheless feel it is essential to assist communities and are responding to requests for assistance by providing postvention information from SPRC and consultation with our project psychologist.

5. Highlight any unique factors in the screening and referral process along with the protocol used to ensure youth follow-up for referrals.

Standard follow up and screening protocols are not appropriate because we are a gatekeeper training program, not a screening program. However, we worked with ORC Macro and made an effort to collect proxy data for the Early Identification and Follow Up Survey (EIRF). We created a process that provides several opportunities for trained gatekeepers to complete the EIRF forms, first at training, through an email reminder and follow-up letters. Due to these efforts, we have received completed EIRF forms since our 2007-2008 training calendar was completed.

6. Notable accomplishments/lessons learned:

Gatekeeper Trainings and the Better Today's Train the Trainer program

1,286 professionals and community members participated in trainings across the state within the last 12 months. Pre and post survey results for gatekeeper trainings demonstrate remarkable increases in knowledge as noted in the main body of the report. YSP staff also created a suicide prevention module for the Better Today's Train the Trainer program. A total of 18 individuals statewide now have been trained to deliver the Better Today's curriculum, including the suicide prevention module.

Dissemination of Evidence Informed Information

YSP staff worked with the SPRC and conducted additional research to determine to develop a menu of evidence-informed options for Idaho. For example, YSP staff consulted with SPRC technical assistance to locate a variety of protocols for communities affected by suicide clusters. Communities were then able to examine the list and develop customized procedures for their community. As a sustainability measure, we are funding

several community members to become certified QPR trainers. We also have assisted in establishing a TeenScreen site in rural Idaho. YSP Staff distributed more than 10,000 evidence informed materials to communities during this grant period.

Partnerships with Cultural Groups

YSP Staff developed partnerships with organizations that serve American Indian, Hispanic and Asian/Pacific Islander communities. These partnerships have resulted in distribution of materials and invitations to present at conferences.

Presentations at National Conferences

We have presented at several national conferences including the National Minority Women's Summit and the State Territorial Injury Prevention Directors Conference.

Proposal for statewide Suicide Hotline

Idaho State University Institute of Rural Health and Counseling Department are partnering on a proposal for state funding to plan, train, staff, implement, and evaluate a comprehensive, measureable universal suicide hotline for the State of Idaho. Award notifications are expected by October 1, 2008. All project objectives involve an Advisory Partnership of key stakeholders to lead sustainability efforts. YSP likely will participate in the training phase.

7. Information regarding major budgetary and personnel adjustments made during this reporting period.

No major adjustments were made during this grant period.

8. What technical assistance have you requested this year and what technical assistance have you received?

Our SPRC technical assistance liaison, Effie Malley, has provided meaningful technical assistance to this project. We have requested and received information regarding suicide prevention for Alaska Native populations, reporting and postvention for coroners, and postvention for communities. This information has been relayed to our community partners. Ms. Malley also informed the project of the Legacy Wheel, a visual sustainability planning tool. YSP staff used the tool to gather input from coalition members and study sustainability beyond the grant period.

9. What technical assistance needs do you anticipate in the upcoming year?

We plan to consult with Ms. Malley to determine how we can provide assistance to community partners for sustaining their activities beyond the grant period. Partners have been moving forward, but progress has been slow because these organizations are small, new, entirely volunteer run and located in remote locations. It would also be helpful to obtain data on other community-based gatekeeper programs.

10. Provide any other information you would like us to know about your suicide prevention efforts.

Stakeholders and others around the state continue to provide guidance and build on each objective of the project. The YSP initiative benefits from our partnership with Better Todays, recognized by multiple federal and professional agencies as a promising practice to raise awareness, reduce stigma and increase treatment-seeking by adults on behalf of the children in their care. However, Better Todays state funding is expected to expire Sept. 30, 2008 and our collaboration likely will end at that time, placing greater burdens on YSP to conduct awareness, outreach and training activities. As noted above, progress among community partner organizations has been slower than expected due to the small, new, entirely volunteer-run and remote locations.